COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

and joint inventor (if plural n patent is sought on the invent the specification of which is attached hereto was filed on 5/20 was described and filed on	riginal, first and sole inventor (if only one name is listed below) or an original, fir names are listed below) of the subject matter which is claimed and for which a action entitled VECTORS IMMUNIZATION OR THERAPEUTIC PROTOCOLS, o. O/98 as Application Serial No and was amended on . and claimed in PCT International Application No and as amended under	st			
I hereby state that I including the claims, as amer	have reviewed and understand the contents of the above-identified specification, ended by any amendment referred to above.				
I acknowledge the downth Title 37, Code of Feder	duty to disclose all information I know to be material to patentability in accordance ral Regulations, §1.56.	: .			
listed below and, insofar as t prior United States applicatio §112, I acknowledge the duty Title 37, Code of Federal Re	benefit under Title 35, United States Code, §120 of any United States application(s) the subject matter of each of the claims of this application is not disclosed in the first paragraph of Title 35, United States Code, ity to disclose all information I know to be material to patentability as defined in Regulations, §1.56(a) which became available between the filing date of the prior or PCT international filing date of this application:	;)			
	ILING DATE STATUS				
60/047,209 5/2 60/047,233 5/2					
business in the Patent and Ti Lisa A. Haile, Reg. No. 38, Address all telephor	one calls to <u>Lisa A. Haile, Ph.D.</u> at telephone number 619/678-5070. condence to <u>Lisa A. Haile, Ph.D.</u> , Fish & Richardson P.C., 4225 Executive Square				
made on information and be knowledge that willful false under Section 1001 of Title	nat all statements made herein of my own knowledge are true and that all statement elief are believed to be true; and further that these statements were made with the estatements and the like so made are punishable by fine or imprisonment, or both, a 18 of the United States Code and that such willful false statements may jeopardize on or any patents issued thereon.				
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Revised: August 24 1994 (191DECL MRG)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Heather L. Davis, Arthur M. Krieg, Joachim Schorr and Tong Wu

Serial No.: Filed:

09/082,649 May 20, 1998

For:

VECTORS AND METHODS FOR IMMUNIZATION OF THERAPEUTIC

PROTOCOLS

Examiner:

Unassigned

Art Unit:

1633

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, on the 29th day of Manual 1999.

Assistant Commissioner for Patents

Washington, D.C. 20231

REVOCATION OF PRIOR POWERS OF ATTORNEY

and

NEW POWER OF ATTORNEY

The undersigned, University of Iowa, owner of the interests conveyed by inventor Arthur M. Krieg, in the above-identified patent application, hereby revokes all former powers of attorney and appoints

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George L. Greenfield	17,756	John N. Anastasi	37,765	Neil P. Ferraro	39,188
Stanley Sacks	19,900	Helen C. Lockhart	39,248	Julie A. Beberman	40,906
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of Wolf, Greenfield & Sacks, P.C., Federal Reserve Plaza, 600 Atlantic Avenue, Boston, Massachusetts 02210-2211, as applicants' attorneys with full power of substitution and revocation to take any and all action necessary with regard to the above-identified application. Address all telephone calls to Helen C. Lockhart at telephone no. (617) 720-3500. Please forward all correspondence to:

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Please charge any fee or any fee deficiency occasioned by this document to Deposit Account No. 23/2825.

Respectfully submitted,

Date: 1/21/99

W. Bruce Wheaton

Name

Executive Director and Secretary

Title